



Pan American Health Organization



*Regional Office of the
World Health Organization*

<http://www.paho.org>

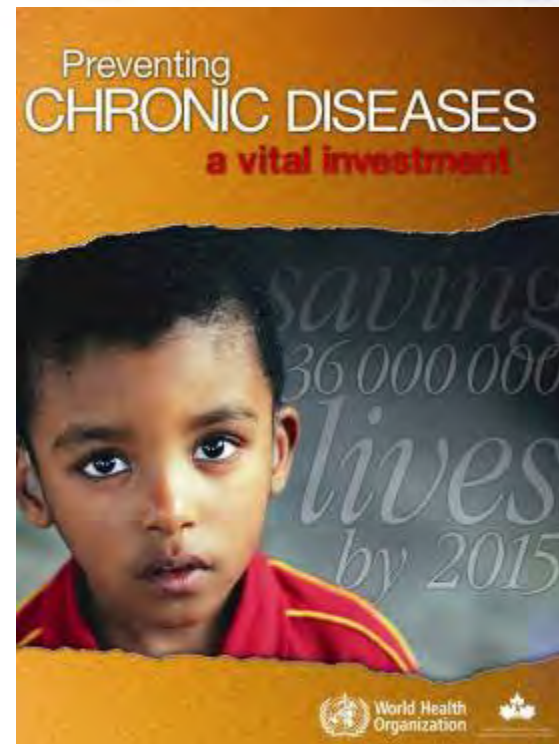
**Caribbean Expert Consultation on Scaling Up
Population-Based Screening and Management
of CVD and Diabetes:**

Context and Objectives

**T. Alafia Samuels MBBS, MPH, PhD: PAHO/WHO
(Montego Bay, Jamaica, 4 March 2008)**



Preventing **CHRONIC DISEASES** **a vital investment**



face to face

WITH **CHRONIC DISEASE: DIABETES**



Dying slowly,
painfully and
prematurely

Name	Jonas Justo Kassa
Age	65
Country	United Republic of Tanzania
Diagnosis	Diabetes



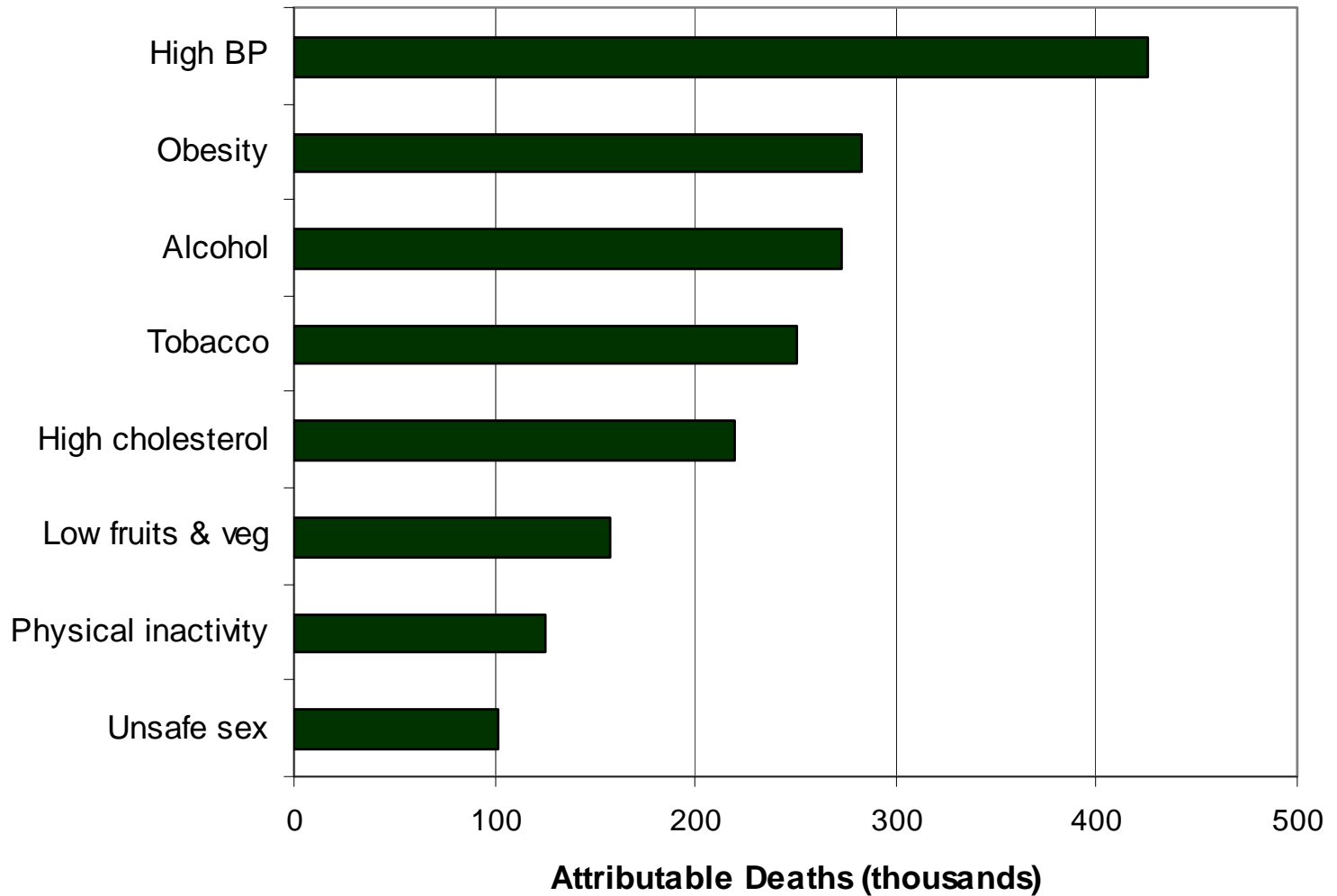
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Regional Situation: Mortality and Morbidity

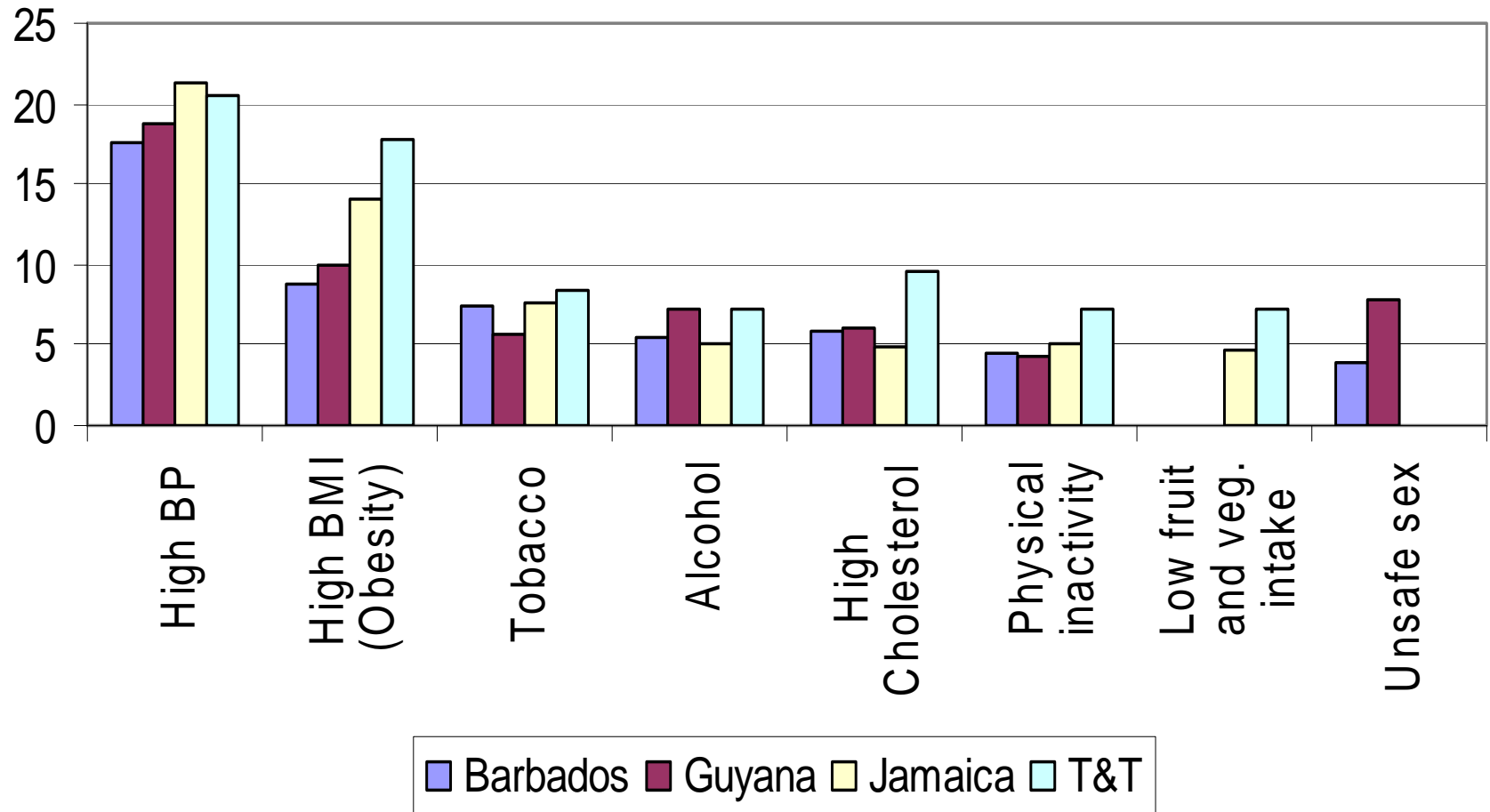


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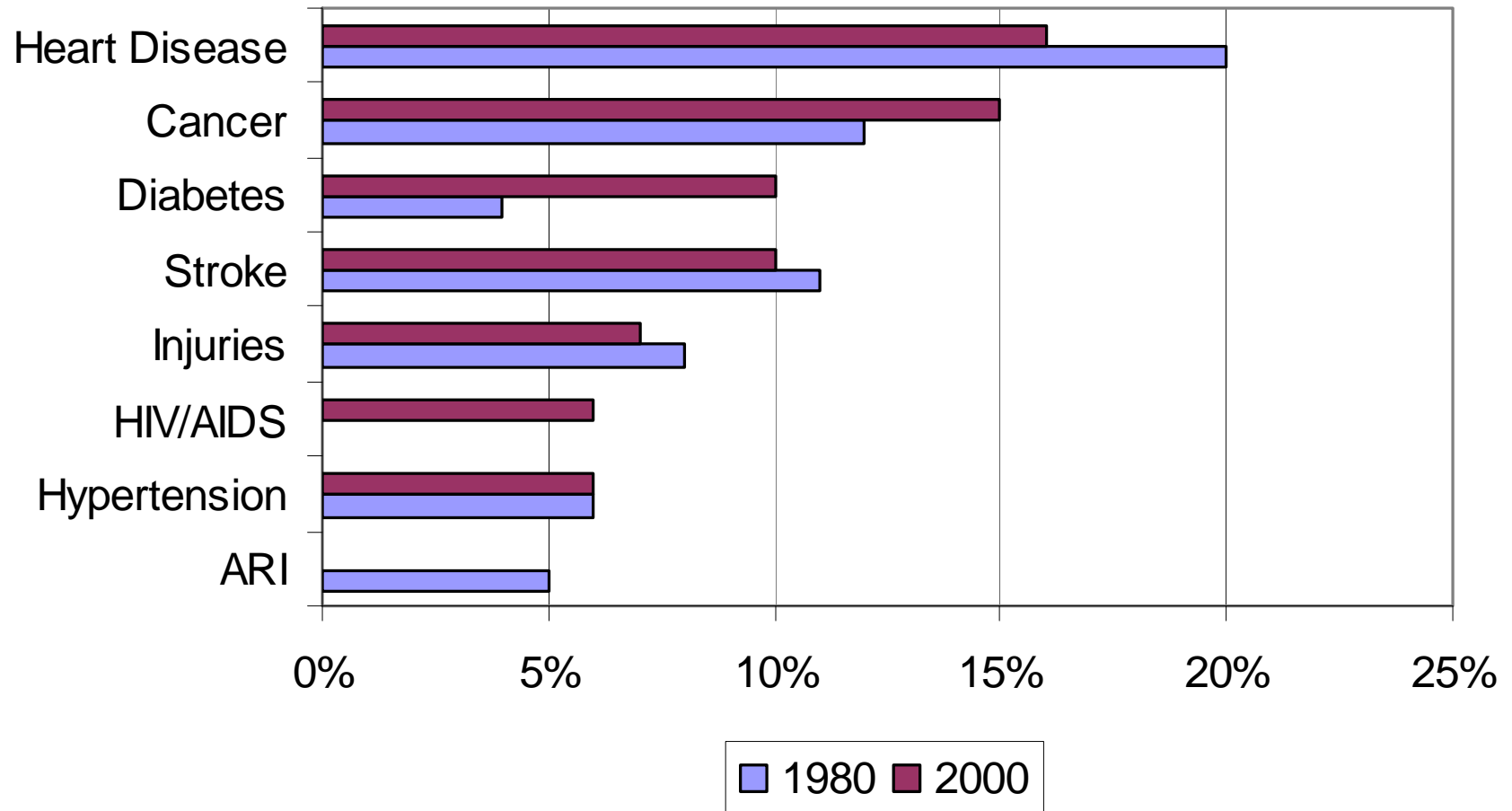
Mortality Attributable to Select Risk Factors (Latin America & Caribbean), from DCP2



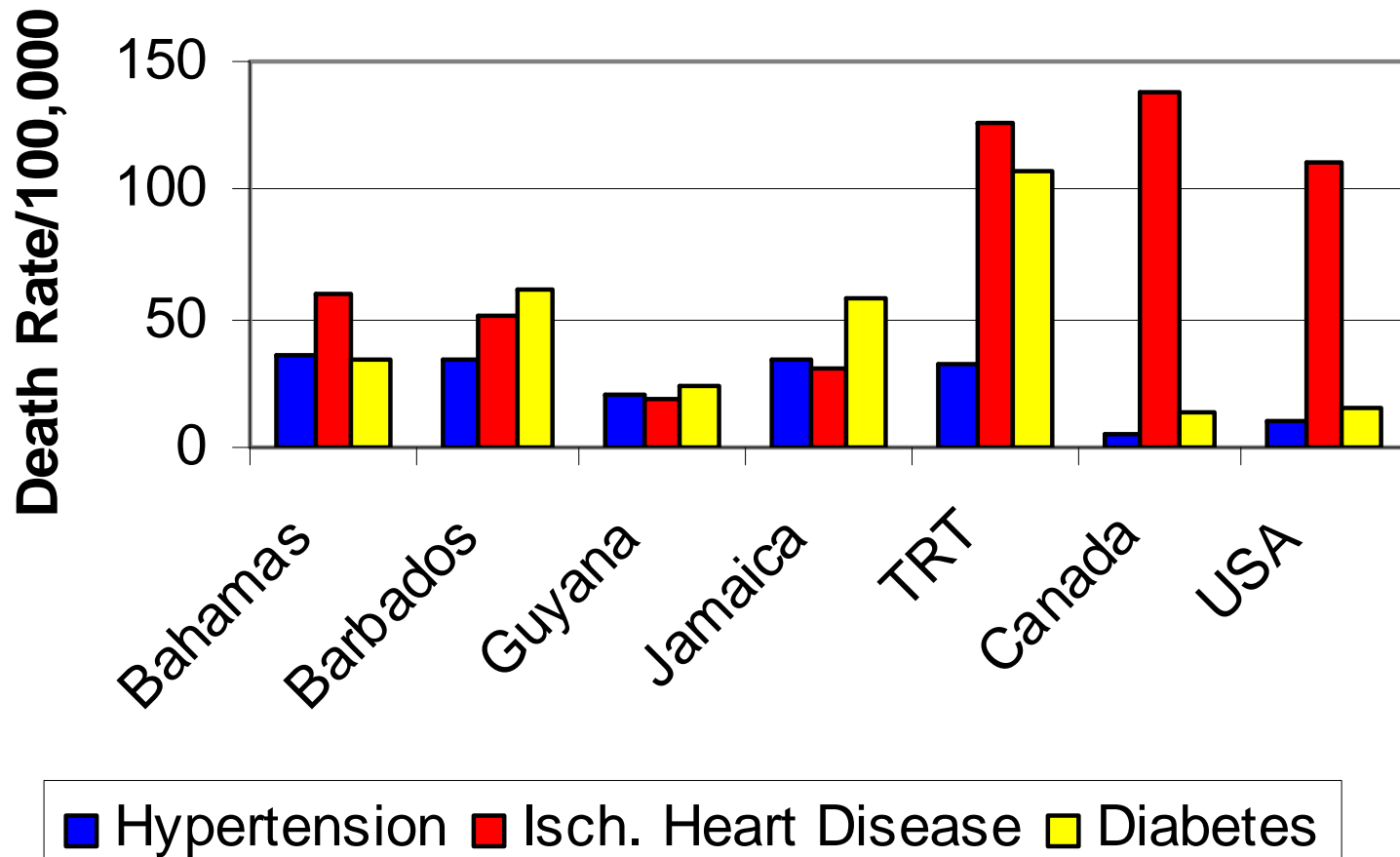
% Deaths Due to Selected Risk Factors



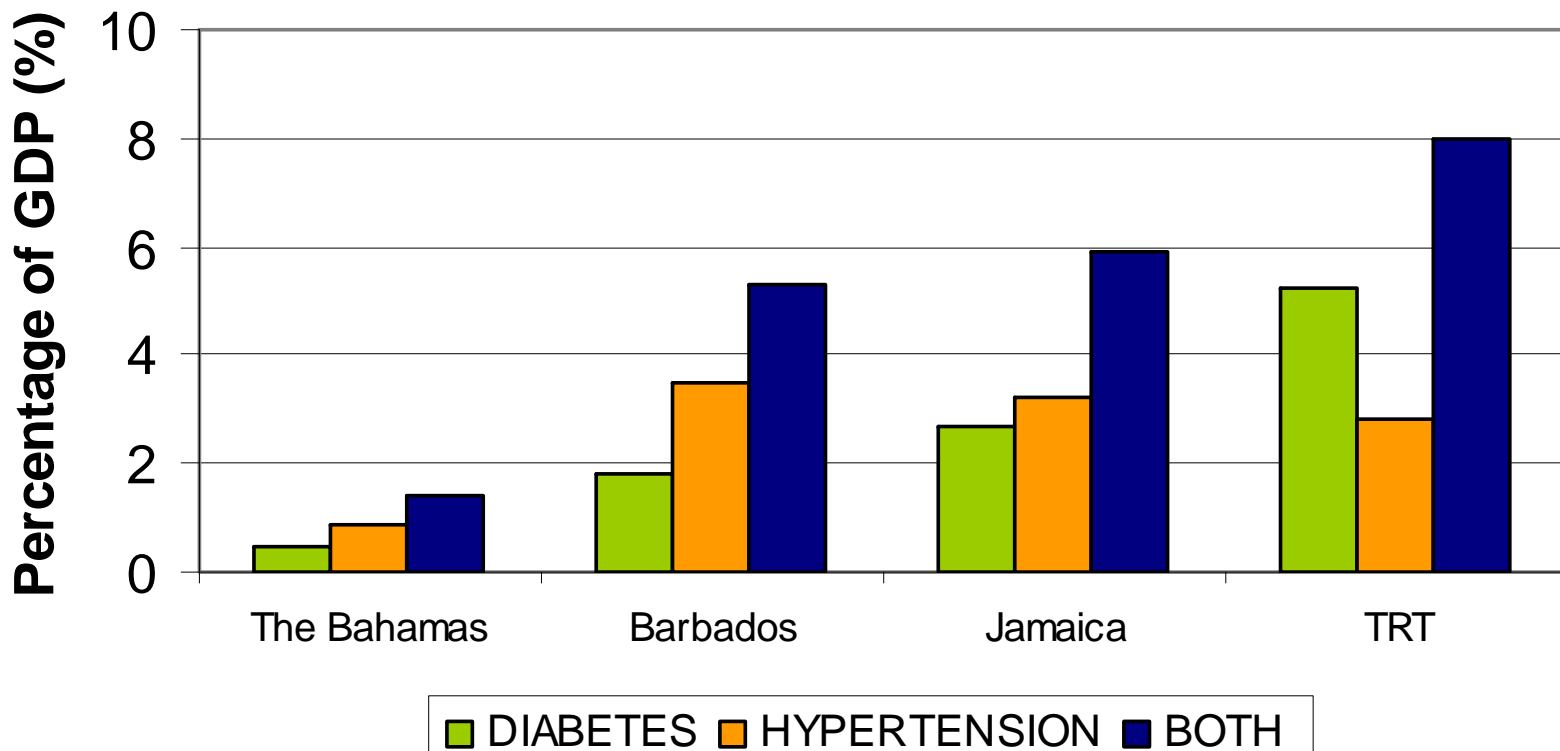
Major Causes of Death in the Caribbean, 1980 and 2000 (PAHO / Alleyne)



Age adjusted death rates/100,000 population - 2000 (PAHO / Alleyne)



Economic Burden of Diabetes and Hypertension in Selected Caribbean Countries (2001)



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These data were provided by Dr. O. Abdullahi Abdulkadri

Prevention and Control: What Works?

- A small improvement in the whole population can lead to a large reduction in chronic diseases
- **Population-wide approaches** form the central strategy but should be combined with **interventions for individuals**



Other Countries' Successes



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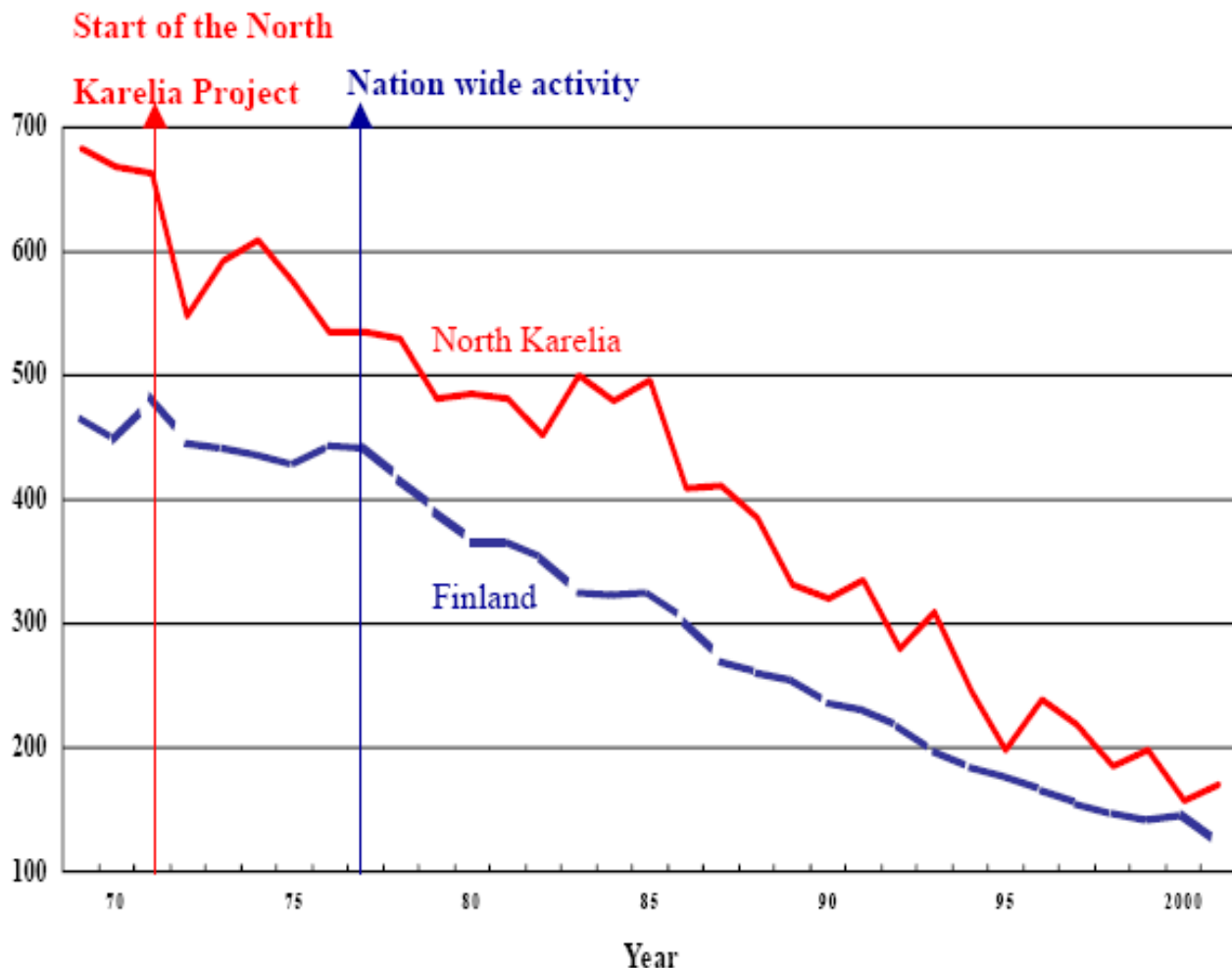
Poland: Declining Death Rates

- **Annual decline in CVD mortality Since 1991**
 - **10%** per year (20 – 44 yrs)
 - **7%** per year (45 – 64 yrs)
- Use of polyunsaturated instead of saturated fat (butter)
 - Removal of subsidies on butter
 - Cheaper vegetable oil
- Increase fruit
- Decreased tobacco



Finland: Dramatic Declines in NCD Mortality

Age-adjusted mortality rates of coronary heart disease in North Karelia and the whole of Finland among males aged 35-64 years from 1969 to 2001



Mortality per
100 000
population

Finland: Cardiovascular risk factors

- Majority (about 75%) of decline in heart disease mortality due to reductions in three risk factors:
 - smoking
 - blood pressure
 - cholesterol

Vaartiainen, E, Puska P, Pekkanen J, Tuomilheto J, Jousilahti P. Do changes in risk factors in Finland explain the changes in ischemic heart disease mortality? In: Puska P, Tuomilehto J, Nissinen A, Vartiainen E (eds). *The North Karelia Project: 20 Year Results and Experiences*. Helsinki: National Public Health Institute, 195, pp.241-54.



Evidence for “Best Buys”

The Lancet, Volume 370, Number 9603, 8 December 2007

Interventions must be cost effective and financially feasible and can be scaled-up

- **tobacco control measures**
- **salt reduction**
- **use of multidrug regimens for patients with high-risk cardiovascular disease**
- **Further assessment for best approach to eliminating saturated and trans fat**



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BEST BUY #1

- **Tobacco control measures**



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Four Main Messages

Actions to save 150–300,000 lives in CARICOM:

- Implement the Framework Convention on Tobacco Control (FCTC)
- Focus on adults stopping as well as kids not starting
- Triple excise tax on cigarettes: double retail price, 30% drop consumption and raise US\$150M in taxes
- Other interventions:
 - o Big, local packet warnings
 - o Labels with tax stamp (to counter smuggling)
 - o Absolute ad ban,
 - o Complete ban on public smoking



BEST BUYS #2 AND 3

- **Salt reduction**
- **Use of multidrug regimens for patients with high-risk cardiovascular disease**



Potential Impact for BP and Cholesterol Control

- Barbados: (Hennis et al, 2002)
 - >40 yrs, HBP prevalence = 55%
 - Awareness = 63%
 - Treatment = 54%
 - Control = 19%

Treatment of those with chronic disease with aspirin and simple drugs to lower blood pressure and cholesterol (18 million deaths averted at a cost of \$1.10 per year)



CARICOM Heads of Government Summit on Chronic Non-Communicable Diseases (CNCDs), 15 September 2007

adopted a fourteen-point declaration committing the region to collective action to stop the epidemic of CNCDs

- ****Infrastructure: Secretariat / CCH3 / Regional Plans, M & E;**
- ****National Commission, NCD Focal Point in MOH**
- ****Advocacy, Communications, Social marketing**
- ****Sustainable Financing**
- ****Surveillance, including Gender dimensions**



- Tobacco (FCTC)
- Healthy Eating (DPAS):
 - Trans Fat, Trade, Labeling
- Active Living (DPAS)
 - Population-wide activities
 - Schools/workplaces etc.
 - 2nd Saturday in Sept: “Caribbean Wellness Day”
- Screening and integrated management



Health Sector Challenge: POS #5

- That our Ministries of Health,
 - in collaboration with other sectors
 - establish (by mid-2008) comprehensive plans
 - for the **screening and management** of chronic diseases and risk factors
 - **80%** of people with NCDs would receive quality care and have access to preventive education based on regional guidelines by 2012;



Screening and Management of Chronic Diseases and Risk Factors

- Population screening to find 90% with disease
- Management of 90% of those found
- = 80% screened and managed

- Diabetes – who, where and how to screen
- CVD – who, where and how to screen

- Identification of target population at district / local level?



Quality Care and Having Access to Preventive Education

- Need to define gold standard / guidelines for
 - Care
 - Preventive Education

Today: What needs to be done?

Tomorrow: How to get it done?



MONITORING BLOOD PRESSURE in the Community



The Washington Post
Friday, 16 November 2007



Clipping Away at Illness

Barbers and Salons Catering to Blacks
Add Health Checks to List of Services



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STEP-wise Planning

- Short Term: Interventions that are feasible to implement with existing resources
- Medium Term: Interventions that are possible to implement with a realistically projected increase in, or reallocation of, resources
- Long Term: Evidenced-based interventions which are beyond the reach of existing resources



THANK YOU

